

How to create, make changes or updates to provider information on the CMS registration site

When creating, modifying, or updating a registration please follow the following steps:

1. Sign into the registration on the CMS registration site (click link below):

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

If you do not have a user ID and password or have forgotten your user ID and password:

Contact the CMS External User Services (EUS) Help Desk at (866) 484-8049 (TTY (866) 523-4759),
Monday–Friday, 7 a.m. – 7 p.m. Eastern Time.

Note: EUS cannot reset passwords via e-mail. The provider must call the Help Desk directly

Click the link shown below to begin

Home > Regulations and Guidance > EHR Incentive Programs > Registration & Attestation

EHR Incentive Programs

- Getting Started
- Registration & Attestation
- Medicare and Medicaid EHR Incentive Program Basics
- 2013 Definition Stage 1 of Meaningful Use

Registration & Attestation

[Click here to Register or Attest for the Medicare and/or Medicaid EHR Incentive Programs](#)

Note for Medicaid Eligible Professionals: Some states have not yet opened their Medicaid EHR Incentive Programs, Eligible Professionals will not be able to register for a Medicaid EHR Incentive Program until their state's program has launched and that state's site has opened. Information on when registration will be available for specific states is posted at [Medicaid State Information](#).

Click continue after reviewing any announcements listed on this page

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

System Announcements Effective July 02, 2015:

- **EHR Program Announcement** - Visit the Registration Tab to ensure your information is accurate, such as the Payee selection and email address. The EHR Incentive program communicates to you using the email address on file on the Personal Information page of the Registration & Attestation website.
- **EHR Program Announcement** - Attestation System is not available until further notice for Eligible Hospitals and Eligible Professionals to attest for the Medicare Electronic Health Record Incentive Program for Program Year 2015.
- **EHR Program Announcement** - Eligible hospitals and CAHs that are in their first year of demonstrating meaningful use and are ready to attest now may attest using a 90-day reporting period in FY 2015. To accommodate these eligible hospitals and CAHs we are offering temporary solution. Please contact the EHR Information center for more information - 1-888-734-6433 Monday - Friday from 7:30am - 6:30pm Central time zone.
- **Planned System Maintenance** - The HITECH EHR Incentive Program system will be unavailable during below maintenance window.
- July 3, 2015 at 8:50 PM ET to July 6, 2015 7:00 AM ET

We apologize for any inconvenience this may cause to register or attest for the EHR Incentive Program.

[Continue](#)

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The next screen reviews the eligibility requirements; click continue at the bottom of the page after reading

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of health IT transition and build the use of EHRs in meaningful ways to help our nation improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Overview of Eligible Professional (EP) and Eligible Hospital Types

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

Eligible to Participate: There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

[Previous](#) [Continue](#)

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CMS.gov | Accessibility | File Formats and Plugins

Read through, check box and then click continue

Warning

(*) Red asterisk indicates a required field.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration Attestation System.

Please verify the following statements:

- You are accessing a U.S. Government information system
- The U.S. Government maintains ownership and responsibility for its computer systems
- Users must adhere to [U.S. Government Information Security Policies, Standards, and Procedures. \[PDF, 96.6 KB\]](#)
- Usage of this system may be monitored, recorded, and audited
- Unauthorized use is prohibited and subject to criminal and civil penalties
- The use of the information system establishes consent to any and all monitoring and recording of activities

☐ *Check this box to indicate you acknowledge that you are aware of the above statements

Select the **Continue** button to go to the LOGIN page or select the **Previous** button to go back to the WELCOME page



Step 2 – Login

Review the Login Instructions for Eligible Professionals.

Login Instructions

Eligible Professionals (EPs)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.

- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#).

- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

Associated with both Eligible Professionals (EPs) and Eligible Hospitals

- If you are an EP using your NPPES web user account, you may also be permitted to work on behalf of a hospital. Navigate to the I&A System and use your NPPES User ID and password to request to work on behalf of an organization.

- Users working on behalf of an Eligible Professional(s) may also work on behalf of an Eligible Hospital(s). An Identity and Access Management system (I&A) web user account (User ID/Password) can be associated to both an Eligible Professional NPI and an organization NPI. If you do not have an I&A web user account, [Create a Login](#) in the I&A System.

Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).

- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

(*) Red asterisk indicates a required field.

*User ID:

*Password:

- View our [checklist of required materials](#) here.

Login

Cancel

Once logged in; click the Registration tab

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome: Your Name | Log Out | Help | My Account

Home **Registration** Attestation Status

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

Last Successful Login: 12/15/2011 | Unsuccessful Login Attempts: 0

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

Instructions

Select any topic to continue.

Registration

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

Attestation

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit Failed or Rejected Attestation
- Reactivate Canceled Attestation

Note: Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

Status

- View current status of your Registration, Attestation, and Payment(s) for the Incentive Program

Click **Register** under Action (bottom right of screen)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Welcome: Your Name | Log Out | Help | My Account

Home **Registration** Attestation Status

Registration

Registration Instructions

Welcome to the Registration Page.

Depending on the current status of your registration, please select one of the following actions:

Register Register for the EHR Incentive Programs
Continue an incomplete registration

Modify Modify Existing Registration
Switch incentive programs (Medicare/Medicaid)
Switch Medicaid state

Cancel Discontinue participation in the Medicare & Medicaid EHR Incentive Programs

Reactivate Reactivate a previously canceled registration

Resubmit Resubmit a registration that was previously deemed ineligible

Registration Selection

Identify the desired registration and select the Action you would like to perform. Please note only one Action can be performed at a time on this page.

Existing registration(s):

Name	Tax Identifier	National Provider Identifier (NPI)	Incentive Type	Registration Status	Action
Jane Doe, MD	XXX-XX-3568 (SSN)	000000000000	Medicare	Active	Register

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Enter, review and verify that all information is correct in the provider's registration.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome Your Name Log Out Help
My Account

Home Registration Attestation Status Progress: 0 of 1

EHR Incentive Program

Incentive Program Questionnaire

(*) Red asterisk indicates a required field.

Not sure which incentive program to select? Please visit the CMS Website for information on the requirements and the differences between the [Medicare and Medicaid EHR incentive programs](#).

Note: Hospitals that are eligible or may be eligible for EHR incentive payments under both Medicare and Medicaid should select **BOTH Medicare and Medicaid** during the registration process, even if

- 1) Their Medicaid State has not officially launched their EHR incentive program.
- 2) They plan to apply only for a Medicaid EHR incentive payment by adopting, implementing, or upgrading certified EHR technology.

Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date.

Note: Medicare EPs cannot receive both Medicare EHR and e-Prescribing incentive payments.

* Please select your Incentive Program

☐ Medicare ☒ Medicaid

* Medicaid State/Territory: Georgia
[Why is my state not here? \[PDF, 289KB\]](#)

* Please select your Eligible Professional Type:
Physician

The EHR incentive programs require the use of EHR technology certified for this program. Please visit the CMS Website, for additional information on [certified EHR technology](#) for this program.

Note: A certified EHR is not required to complete the registration process, but an EHR Certification Number will be required when you attest for payment.

* Do you have a certified EHR? [What is an EHR Certification Number?](#)

☒ Yes ☐ No

EHR Certification Number (Optional): 0000000000000000

Please select the **Previous** button to go back a page. Please note that any change made on this page will not be saved. Please select the **Save & Continue** button to save your entry and proceed.

Previous Save & Continue

Your Name
Tax Identifier: XXX-XX-6224 (SSN)
NPI: 000000000000

The reference here as "optional" is only for registration; it is mandatory for application of a payment.

As of 2015 if you do not know the EHR Certification ID we can enter that for you at the time of application with Maine.

Web Policies & Important Links Department of Health & Human Services CMS

You **MUST** click "**Save & Continue**" on each screen until you arrive at a screen that states you have successfully submitted your registration. Do not close out of the registration until you receive that notice. See screen shot further down in this guide. If you do not submit all the way through the registration will be put into an "in process" state. You will need to return to registration and unlock the registration before anything can be done with your application.

- a. If you have more areas to update click **Save & continue** to move to the next screen.
- b. You can update the **contact email (see note below), address (the address should be the EP practice location), telephone for the contact person, and payee information.**
- c. Please click **Save & Continue** until you are notified that your registration was successful.
- d. **Please keep the email contact current.** We have had many instances that the email contact was not accurate and we have no way to contact the provider. The email contact must be for the person responsible for the submission of the application, meaningful use data and the attestation form. This is not usually the EP but a person working on behalf of the EP.

Review the information below. The address should be where the provider practices.

Please note: The email address must be for the person responsible for the submission of program materials. This is not the email address of the provider unless the provider is the only person responsible for all communications. If a provider has designated a person to work on their behalf the email contact should be for that person.



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[Log Out](#) | [Help](#)
Welcome Your Name | [My Account](#)

HomeRegistrationAttestationStatus

Progress: 1 of 1
Completed

(*) Red asterisk indicates a required field.

The address provided below will be posted on the EHR incentive program website once you receive payment to show participation in the Medicare EHR incentive program. Please note that the business address listed is the practice location established in [NPPES](#). Updates made to the business address and phone number, will not update the business address and phone number on file in NPPES. To update your business address associated to your NPI, please make your changes in NPPES.

*Address Line 1: 123 Main Street

Address Line 2:

*City: Canton

*State: Massachusetts

*ZIP+4: 02021 - 2923

*Phone Number (123) 123-4567: (781) 828-0000 Ext:

*E-Mail Address: Jane.Doe@email.com

*Confirm E-Mail Address: Jane.Doe@email.com

Your Name

Tax Identifier: XXX-XX-3568 (SSN)
NPI: 0000000000



Please select the **Previous** button to go back a page or the **Save & Continue** button to save your entry and proceed. Select the **Return to Registration Progress** button to return to the Registration Progress page. You can return to your place in the process at any time, however, the data for the current topic will not be saved.

Previous

Return to Registration Progress

Save & Continue

To insert or update the **payee NPI** in the registration you will find the screen shown below on the Personal Information part of the Registration tab.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome Your Name

Home Registration Attestation Status

Progress: 0 of 1

Personal Information

Eligible Professional Identifiers

First Name: Your Name
Middle Name: Your Name
Last Name: Your Name
Suffix:
Social Security Number (SSN): XXX-XX-2444
National Provider Identifier (NPI): XXXXXXXXXX

Payee Information

(*) Red asterisk indicates a required field.

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

*Please select the payee TIN type for your EHR Registration.

Select

Please select the **Previous** button to go back a page. Select the **Return to Registration Progress** button to view your progress through the registration topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous Return to Registration Progress Save & Continue

You must select **“Group Reassignment”** on the page shown above under the **“Please select the payee TIN type for your EHR Registration”** to open the payee NPI field (shown below) for you to enter the payee NPI. If you do not choose **“Group Reassignment”** the registration will default to the providers personal NPI for payment and very rarely is the payment made directly to a providers personal NPI. The payee NPI must be an NPI that MaineCare currently submits payments to.

Payee Information

Please note, the tax identification number (TIN) captured below will receive the EHR incentive payment.

*Please select the payee TIN type for your EHR Registration.

Group Reassignment

The following entity will receive the EHR Incentive Payment:

*Group Name:
*Payee TIN:
*Payee NPI:

Please select the **Previous** button to go back a page. Select the **Return to Registration Progress** button to view your progress through the registration topics. Please note that any changes that you have made on this page will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous Return to Registration Progress Save & Continue

Web Policies & Important Links CMS.gov Accessibility File Formats and Plugins

Department of Health & Human Services



[Home](#)

[Registration](#)

[Attestation](#)

[Status](#)

Registration Progress

Reason for Registration

You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Your Name

Tax Identifier: XXX-XX

NPI: 000000000000

Topics

The data required for this registration is grouped into topics. In order to complete registration, you must complete ALL of the following topics. Select the TOPIC and provide the required information. The system will show when each TOPIC is completed.

1 [EHR Incentive Program](#)

Progress: 1 of 1

Completed

2 [Personal Information](#)

Progress: 1 of 1

Completed

3 [Business Address & Phone](#)

Progress: 1 of 1

Completed

Note: When all topics are marked as completed, click the **Proceed with Submission** button to submit your registration.


[Proceed with Submission](#)

**Please Note: You musts
choose Proceed with
Submission**



You **must click-Save & continue** all the way through until you receive a Successful submission notice. If you do not save and continue all the way the updated information will not stay in the record and the record goes into an “in-process” state. If the registration is in the “in-process” state we cannot do anything with the application until you return to the registration and submit through.

When you have inserted or updated all data you need to hit the accept button at the bottom of this page. This action is required even if you have not changed anything in the registration. If you open the registration even to just review you must submit all the way through or the registration becomes locked.



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Log Out | Help
Welcome Your Name | My Account

HomeRegistrationAttestationStatus

Registration Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Your Name
Tax Identifier: XXX-XX-
NPI: 000000000000

Accept, Agree and Submit

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare/Medicaid EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this registration I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare/Medicaid EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am registering on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user registering on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is registering.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare/Medicaid EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.


No Medicare/Medicaid EHR Incentive Program payment may be paid unless this registration form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare/Medicaid EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare/Medicaid EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare/Medicaid EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare/Medicaid EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 11283, provides penalties for withholding this information.



AgreeDisagree

The final step below is critical to submit any new, updated, modified or reviewed registration.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome Your Name [Log Out](#) [Help](#)
[My Account](#)

[Home](#) [Registration](#) [Attestation](#) [Status](#)

Verify Registration

Registration Information
Please review the summary below to ensure this is the correct registration information. If the summary below is correct, select the **Submit Registration** button at the bottom of this page.

Registration ID: 1000041161
Name: Jane Doe, MD
TIN: XXX-XX-3568 (SSN)
NPI: 000000000000
Incentive Program: Medicaid

Business Address:
Any Street
Canton, MA, 02021-2923
Phone #: (781) 000-0000
Ext #:
E-Mail: Jane.Doe@gmail.com

Your Name:
Tax Identifier: XXX-XX-
NPI: 000000000000

Please select the **Submit Registration** button to proceed with the registration submission process, or the **Exit** button to go to the Home Page.

[Submit Registration](#) [Exit](#)

[Web Policies & Important Links](#) [Department of Health & Human Services](#)
[CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#)

CMS
Center for Medicare & Medicaid Services

Critical step: you must click “Submit Registration”

Failure to do so will result in the updates not being saved and the registration will be locked into an in-progress state until you return to the registration site and resubmit.

The following screen is your confirmation that the registration has been submitted successfully

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

Welcome Your Name [Log Out](#) [Help](#)
[My Account](#)

[Home](#) [Registration](#) [Attestation](#) [Status](#)

Submission Receipt

Successful Submission
You have successfully registered for the EHR Incentive Payment Program. An email will be sent to the email address on file as a notification of this submission.

IMPORTANT! Please note:
If you are a Medicaid provider, your State Medicaid Agency will need to collect and verify additional eligibility information. After 24 hours, please continue your registration using your State's eligibility verification tool. You can [find your State here](#). Your State will also collect any information to support a program attestation for Medicaid providers (i.e., Medicaid providers will not use the attestation feature on this site). Your State Medicaid Agency may also contact you through the email and/or street addresses you provided in this registration to explain how to continue the eligibility process.

You may switch between Medicaid and Medicare any time prior to your payment being initiated. This means that when [Medicare or the State Medicaid Agency] begins calculating and disbursing your payment, you will be unable to switch between Medicaid and Medicare.

Registration Tracking Information

Registration ID: 1000041161
Name: Jane Doe, MD
Submitted Date: 12/15/2011
Reason(s) for Submission:
You are an Eligible Professional registering in the incentive program.
You have modified your registration information.

Please select the **Print Receipt** button to print this page.

[Print Receipt](#)

[Web Policies & Important Links](#) [Department of Health & Human Services](#)
[CMS.gov](#) [Accessibility](#) [File Formats and Plugins](#)

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Critical step:

When you reach this screen your updates has been successful. If you do not reach this screen go back and be sure to submit through as though you are completing the registration for the first time.

We will receive the updated feed the following day.